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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/14/20

NAME: LOGICTRAN INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
2020 JAN 14 PM 4:47
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGICTRAN INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person
John C. Redpath

Firm/Company
Fabyanske, Westra, Hart & Thomson, P.A.

Address
333 South 7th Street, Suite 2600

City/State and Zip code
Minneapolis, MN 55402

E-mail address: (to be used for future annual report notification)
chris@logictran.com

For further information concerning this matter, please call:

Name of Person
Thomas P. Trier

at (612) _____
Area Code

359-7611

Daytime Teler

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

MAIL
Regis
Div
P

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JAN 14 PM 4:47
TALLAHASSEE, FLORIDA
CLERK OF COURT

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LOGICTRAN, INC.

1. Name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "CO., " "Co.," "Inc.," "Co." or "Corp."

2. If the corporation is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida

Minnesota

3. State or country under the law of which it is incorporated

12/23/2000

4. (Date of incorporation)

5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6. (Principal office street address)

7. (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Chris Hector

Office Address:

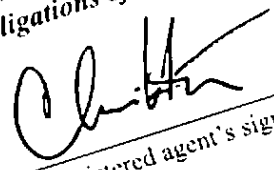
1250 W Southwinds Blvd APT 110

Vero Beach, FL 32963

(City)

, Florida 32963 (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the designated in this application, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my position as registered agent to on



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated by the Secretary of State or other official of the Department of State, by the Secretary of State or other official under the law of which it is incorporated.

Names, titles and addresses of the primary officers

2020 JUN 14 PM 4:48
RECEIVED
FLORIDA SECRETARY OF STATE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

LOGICTRAN, INC.

Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Co.," "Corp.," "Inc.," "Co.," or "Corp.")

If the name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Minnesota

3.

State or country under the law of which it is incorporated)

(FEI number, if applicable)

1/23/2000

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

50 W Southwinds Blvd APT 110, Vero Beach, FL 32963

(Principal office street address)

(Current mailing address, if different)

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chris Hector

Office Address: 1250 W Southwinds Blvd APT 110

Vero Beach, FL 32963

(City)

, Florida 32963
(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DIRECTORS

☒ Chairman Name: Chris Hector

☐ Vice Chairman Address: 250 W Southwinds Blvd APT 110

☐ Director Vero Beach, FL 32963

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Necip O Goney

☐ Vice Chairman Address: 2235 Xene Ln N

☐ Director Plymouth, MN 55447

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Chris Hector
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Chris Hector, Chairman
(Typed or printed name and capacity of person signing application)

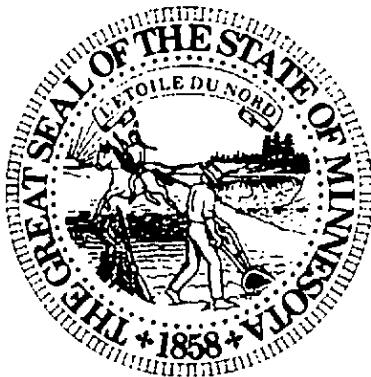
**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: LOGICTRAN, INC.
Date Filed: 05/23/2000
File Number: 11E-424
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/14/2020

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TALLAHASSEE, FLORIDA



Steve Simon
Steve Simon
Secretary of State
State of Minnesota